

Health Advisory: SARS in China & Influenza A (H5N1) in Vietnam

Utah Department of Health, January 15, 2004

Recent Activity:

One laboratory confirmed and two suspect SARS cases are currently under investigation in China. All patients are reported to be doing well, and no signs or symptoms of SARS have been reported among contacts to date.

Since the end of October 2003, 14 persons in Vietnam have been admitted to hospitals in Hanoi for severe respiratory illness. Three of the 14 have had avian influenza A (H5N1). Twelve of the patients have died.

Recommended U.S. SARS Control Measures

Be alert for:

- Patients who require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS)
- AND
- Have a history of travel to Guangdong Province (or close contact with an ill person with a history of recent travel to Guangdong Province) in the 10 days before onset of symptoms.

Actions:

- Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions)
- Patients should promptly be reported to the state or local health department
- Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation
- The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

Continue to identify and report patients who require hospitalization for radiographically confirmed pneumonia or ARDS without identifiable etiology AND who have one of the following risk factors in the 10 days before the onset of illness:

- Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
- Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., health care worker with direct patient contact; lab working with SARS)
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis.

Recommended U.S. Influenza Control Measures

Be alert for:

- Patients who have been hospitalized with unexplained pneumonia, ARDS, or severe respiratory illness
- AND
- Report travel to Vietnam, South Korea, and Japan within 10 days from onset of symptoms

Actions:

- Patients should be tested for influenza virus infection including viral culture of nasopharyngeal and throat swabs.
- All influenza A viruses should be subtyped, and those that cannot be identified as H3 or H1 viruses should be sent immediately to CDC for testing for influenza A (H5N1).

SARS and Influenza A(H5N1)

There is considerable potential for the clinical presentation and travel history of persons with either SARS or influenza A (H5N1) infection to overlap. Therefore, the following actions should be taken:

- Influenza A infection should be considered in the differential diagnosis when evaluating a SARS patient.
- Laboratories should make subtyping of influenza A viruses isolated from potential SARS cases a priority.
- The laboratory should immediately notify the CDC's Influenza Branch if any influenza A virus cannot be subtyped.